11-36627-cgm Doc 2 Filed 06/03/11 Entered 06/03/11 10:54:33 Main Document Pg 1 of 8

B22C (Official Form 22C) (Chapter 13) (12/10)

| In re | Valerie A Tatavitto | According to the calculations required by this statement: |
|--------|---------------------|---|
| | Debtor(s) | ■The applicable commitment period is 3 years. |
| Case N | | ☐The applicable commitment period is 5 years. |
| | (If known) | □Disposable income is determined under § 1325(b)(3). |
| | | ■ Disposable income is not determined under § 1325(b)(3). |
| | | (Check the boxes as directed in Lines 17 and 23 of this statement.) |

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| | Part I. REPORT OF INCOME | | | | | | |
|---|---|------|--------------------|----|--------------------|--|--|
| | Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. | | | | | | |
| 1 | a. Dunmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. | | | | | | |
| | b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10. | | | | | | |
| | All figures must reflect average monthly income received from all sources, derived during the significant of the state of | X | Column A | | Column B | | |
| | calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line. | | Debtor's Income | | Spouse's Income | | |
| 2 | Gross wages, salary, tips, bonuses, overtime, commissions. | \$ | 0.00 | \$ | 0.00 | | |
| 3 | Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as | | | | | | |
| | Debtor Spouse | | | | | | |
| | a. Gross receipts \$ 0.00 \$ 0.0 | _ | | | | | |
| | b. Ordinary and necessary business expenses \$ 0.00 \$ 0.0 | _ | | _ | | | |
| | c. Business income Subtract Line b from Line a | \$ | 0.00 | \$ | 0.00 | | |
| 4 | Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. Debtor Spouse a. Gross receipts \$ 0.00 \$ 0.00 | | | | | | |
| | a. Gross receipts \$ 0.00 \$ 0.0 b. Ordinary and necessary operating expenses \$ 0.00 \$ 0.0 | _ | | | | | |
| | c. Rent and other real property income Subtract Line b from Line a | \$ | 0.00 | \$ | 0.00 | | |
| 5 | Interest, dividends, and royalties. | \$ | 0.00 | \$ | 0.00 | | |
| 6 | Pension and retirement income. | \$ | 0.00 | \$ | 0.00 | | |
| 7 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B. | \$ | 0.00 | \$ | 0.00 | | |
| 8 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: Unemployment compensation claimed to | | | | | | |
| | be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00 | 0 \$ | 0.00 | \$ | 0.00 | | |

| 9 | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. | | | | | |
|----|---|------|----|-----------|--|--|
| | Debtor Spouse | | | | | |
| | a. | 0.00 | 2 | 0.00 | | |
| 10 | Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 | ,.00 | Ψ | 0.00 | | |
| 10 | in Column B. Enter the total(s). | 0.00 | \$ | 0.00 | | |
| 11 | Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A. | | | 0.00 | | |
| | Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD | | | | | |
| 12 | Enter the amount from Line 11 | \$ | | 0.00 | | |
| 13 | Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a. \$ b. \$ c. \$ S Total and enter on Line 13 | | | 0.00 | | |
| 14 | Subtract Line 13 from Line 12 and enter the result. | | | | | |
| 15 | Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result. | \$ | | 0.00 | | |
| 16 | Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | | |
| | a. Enter debtor's state of residence: NY b. Enter debtor's household size: 5 | \$ | | 91,442.00 | | |
| 17 | Application of § 1325(b)(4). Check the applicable box and proceed as directed. ■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment properties of page 1 of this statement and continue with this statement. □ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment the top of page 1 of this statement and continue with this statement. ■ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment the top of page 1 of this statement and continue with this statement. | | | | | |
| 10 | Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME | Τ. | | | | |
| 18 | Enter the amount from Line 11. Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. | \$ | | 0.00 | | |
| | a. \$ b. \$ c. \$ Total and enter on Line 19. | \$ | | 0.00 | | |
| 20 | Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result. | \$ | | 0.00 | | |
| 21 | Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. | \$ | | 0.00 | | |

| 22 | Applicable median family income. Enter the amount from Line 16. | | | | \$ | 91,442.00 | | |
|--|--|---|--|--|---|--|-----------|-------------|
| | Application of § 1325(b)(3). Check the applicable box and proceed as directed. [The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determ 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. [The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part VII of this statement. | | | | | | ned unde | er § |
| 23 | | | | | | | determin | ned under § |
| | 132 | | | | | | ts IV, V, | or VI. |
| | | | | | DEDUCTIONS FR | | | |
| | 1 | | | | ds of the Internal Reve | | I | |
| 24A | 24A National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | | | | \$ | | | |
| 24B | Out-of- Out-of- www.u who ar older. (be allo you su Line cl | ral Standards: health care for per-Pocket Health Care for per-Pocket Health Care for per-Pocket Health Care for per-Isdoj.gov/ust/ or from the creative under 65 years of age, an (The applicable number of wed as exemptions on your pport.) Multiply Line a1 by 1. Multiply Line a2 by Line d Lines c1 and c2 to obtain | rsons under 65 years of a rsons 65 years of age or of lerk of the bankruptcy co d enter in Line b2 the ap persons in each age cates federal income tax retur Line b1 to obtain a total b2 to obtain a total amo | nge, a older ourt.) plica gory i rn, pl l amo ount f | nd in Line a2 the IRS Nati . (This information is avail Enter in Line b1 the appli ble number of persons who is the number in that categ us the number of any addit ount for persons under 65, for persons 65 and older, and | onal Standards for lable at cable number of persons o are 65 years of age or ory that would currently tional dependents whom and enter the result in and enter the result in Line | | |
| | Persons under 65 years of age Persons 65 years of age or older | | | ler | | | | |
| | a1. | Allowance per person | | a2. | Allowance per person | | | |
| | b1. | Number of persons | | b2. | Number of persons | | | |
| | c1. | Subtotal | | c2. | Subtotal | | \$ | |
| 25A | Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | | | | | \$ | | |
| Local Standards: housing and utilities; mortgage/rent expense. Enter, in I Housing and Utilities Standards; mortgage/rent expense for your county and available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the number that would currently be allowed as exemptions on your federal into any additional dependents whom you support); enter on Line b the total of the debts secured by your home, as stated in Line 47; subtract Line b from Line a not enter an amount less than zero. | | | | ar county and family size (aptcy court) (the applicable your federal income tax ret the total of the Average M | this information is e family size consists of urn, plus the number of Ionthly Payments for any | | | |
| | a. IRS Housing and Utilities Standards; mortgage/rent expense b. Average Monthly Payment for any debts secured by your | | | \$ | | | | |
| | | home, if any, as stated in L | ine 47 | y you | \$ | | | |
| | t' | Net mortgage/rental expen | | | Subtract Line b fr | | \$ | |
| 26 | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: | | | | ¢. | | | |
| | | | | | | \$ | | |

| | Local Standards: transportation; vehicle operation/public transportation; expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. | | |
|-----|---|---|----|
| 27A | Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7. | | |
| | If you checked 0, enter on Line 27A the "Public Transportation" amo | | |
| | Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the | | |
| | Census Region. (These amounts are available at www.usdoj.gov/ust/ | | \$ |
| 27B | Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Transportation". | | |
| | Standards: Transportation. (This amount is available at www.usdoj.go.court .) | | \$ |
| | Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.) $\square 1$ $\square 2$ or more. | | |
| | Enter, in Line a below, the "Ownership Costs" for "One Car" from the | e IRS Local Standards: Transportation | |
| 28 | (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Li the result in Line 28. Do not enter an amount less than zero. | | |
| | a. IRS Transportation Standards, Ownership Costs | [\$ | |
| | Average Monthly Payment for any debts secured by Vehicle | \$ | |
| | b. 1, as stated in Line 47 c. Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a. | \$ |
| | Local Standards: transportation ownership/lease expense; Vehicle | 2. Complete this Line only if you checked | |
| | the "2 or more" Box in Line 28. | That lay I I To the | |
| | Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy | | |
| 29 | Monthly Payments for any debts secured by Vehicle 2, as stated in Li the result in Line 29. Do not enter an amount less than zero. | | |
| | a. IRS Transportation Standards, Ownership Costs | \$ | |
| | Average Monthly Payment for any debts secured by Vehicle | \$ | |
| | b. 2, as stated in Line 47c. Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a. | \$ |
| | Other Necessary Expenses: taxes. Enter the total average monthly e | xpense that you actually incur for all federal, | |
| 30 | state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale | | \$ |
| | Other Necessary Expenses: involuntary deductions for employmen | Ψ | |
| 31 | deductions that are required for your employment, such as mandatory | retirement contributions, union dues, and | |
| | uniform costs. Do not include discretionary amounts, such as volu | • | \$ |
| 32 | Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance. | thly premiums that you actually pay for term on your dependents, for whole life or for | \$ |
| | Other Necessary Expenses: court-ordered payments. Enter the tot | - | |
| 33 | pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49. | | \$ |
| 34 | Other Necessary Expenses: education for employment or for a phythe total average monthly amount that you actually expend for educat | | |
| | education that is required for a physically or mentally challenged dep providing similar services is available. | \$ | |
| 35 | Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do | | \$ |
| | Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yourself or your self-or your self- | | |
| 36 | insurance or paid by a health savings account, and that is in excess of | | |
| | include payments for health insurance or health savings accounts | \$ | |

| 37 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. | \$ | |
|----|--|----|--|
| 38 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37. | \$ | |
| | Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37 | | |
| | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. | | |
| 39 | a. Health Insurance \$ | | |
| | b. Disability Insurance \$ | | |
| | c. Health Savings Account \$ | | |
| | Total and enter on Line 39 | \$ | |
| | If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ | | |
| 40 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. | | |
| 41 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | | |
| 42 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. | | |
| 43 | Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. | \$ | |
| 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | \$ | |
| 45 | Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income. | | |
| 46 | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45. | \$ | |

| | | Subpart C: Deductions for De | bt Payment | | | | | | |
|---|---|---|-------------------------------|---|----|--|--|--|--|
| 47 | Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47. | | | | | | | | |
| | Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance | | | | | |
| | a. | | \$ T-4-1: Add I : | □yes □no | ¢ | | | | |
| 48 | Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount | | | | | | | | |
| | a. | | \$ | Total: Add Lines | \$ | | | | |
| 49 | Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expenses. | | | | | | | | |
| 50 | a. Projected average monthly C b. Current multiplier for your c issued by the Executive Offi information is available at w the bankruptcy court.) c. Average monthly administra | ines a and b | \$ | | | | | | |
| 51 | Total Deductions for Debt Paymen | t. Enter the total of Lines 47 through 5 | 0. | | \$ | | | | |
| | | Subpart D: Total Deductions f | rom Income | | | | | | |
| 52 | Total of all deductions from incom | e. Enter the total of Lines 38, 46, and 5 | 1. | | \$ | | | | |
| Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2) | | | | | | | | | |
| 53 | Total current monthly income. En | \$ | | | | | | | |
| 54 | Support income. Enter the monthly payments for a dependent child, repolaw, to the extent reasonably necessary | \$ | | | | | | | |
| 55 | Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). | | | | | | | | |
| 56 | Total of all deductions allowed und | \$ | | | | | | | |

| | Deduction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circumstances If necessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these expension of the special circumstances that make such expense necessary. | tances and the resulting expenses in lines a-c below e expenses and enter the total in Line 57. You mus unses and you must provide a detailed explanation | . t | | | |
|----|---|---|-------------------------|--|--|--|
| 57 | Nature of special circumstances | Amount of Expense | 7 | | | |
| | a. | \$ | 7 | | | |
| | b. | \$ | 1 | | | |
| | c. | \$ | | | | |
| | | Total: Add Lines | \$ | | | |
| 58 | Total adjustments to determine disposable income. Add the result. | amounts on Lines 54, 55, 56, and 57 and enter the | \$ | | | |
| 59 | Monthly Disposable Income Under § 1325(b)(2). Subtract L | Line 58 from Line 53 and enter the result. | \$ | | | |
| | <u> </u> | | | | | |
| | | AL EXPENSE CLAIMS | | | | |
| | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. | | | | | |
| 60 | Expense Description | Monthly Amoun | t | | | |
| | a. | \$ | | | | |
| | b. | \$ | | | | |
| | c. | \$ | | | | |
| | d. | \$ | | | | |
| | Total: Add Line | es a, b, c and d \$ | | | | |
| | Part VII. VE | ERIFICATION | | | | |
| 61 | I declare under penalty of perjury that the information provided must sign.) Date: June 3, 2011 | d in this statement is true and correct. (If this is a joint signature: /s/ Valerie A Tatavitto | oint case, both debtors | | | |
| 01 | | Valerie A Tatavitto | | | | |
| | | (Debtor) | | | | |

B22C (Official Form 22C) (Chapter 13) (12/10)

8

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 12/01/2010 to 05/31/2011.